

AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66778-116 (P-UC 4679)	
SERIAL NO: 09/932,161	FILING DATE: August 17, 2001	EXAMINER: R. Deberry	GROUP ART UNIT: 1647 CONFIRMATION NO.: 5376	
INVENTION: SCREENING AND THERAPEUTIC METHODS FOR PROMOTING WAKEFULNESS AND SLEEP				



TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING
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ALEXANDRIA, VA 22313-1450.

Paul Choi
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

[Signature]
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed
April 4, 2003, in the above-identified application.

- X Small Entity status of this application has been
established under 37 CFR 1.27.
- X Petition for a one-month Extension of Time is enclosed
(in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.
- X No additional claims fee is required.
- An additional claims fee is required and has been
calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
						SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	17	- 33	-	0	x	\$9	\$18	=	\$0	\$
INDEPEN- DENT CLAIMS	4	- 4	-	0	x	\$42	\$84	=	\$0	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		— YES		X NO		\$140	\$280	=	\$0	\$
						TOTAL ADDITIONAL FEE			\$0	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in
this space.

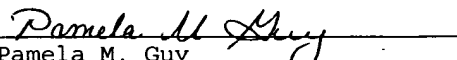
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in
this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST
NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: Civelli and Lin
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- X Please charge my Deposit Account No. 502624 the amount of \$55.00 of which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


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